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Predictably and seemingly inevitably, policies implemented by the DOC again disregard prisoner safety while interrupting the glacial pace at which MCI-Norfolk was beginning to resume rehabilitative programming for prisoners. A prison guard, obviously ill with infection, disregarded guidelines and safety by working shifts inside a prison housing unit. This was possible because of the lax, ineffective and irresponsible policies implemented by the DOC. Shortly thereafter two prisoners in the same housing unit were found to test positive to Covid-19 during a prison-wide screening. Following this, all early efforts to resume prisoner education and rehabilitation were abruptly halted. Multiple housing units are quarantined and rehabilitation, education and fresh air access curtailed. Prisoners are once again limited to contacts only within their own housing units--with the notable exception of prisoner workers. As highlighted in prior Norfolk Updates, despite pretending concern about spread of infection among prisoners, the DOC continues to daily deploy prisoner workers to congregate settings before they return to their housing units to mix with all other prisoners. The DOC seems irrevocably wedded to this foolhardy violation of infection control.

Only a minority of DOC guards and staff have become vaccinated. Despite this, staff are not routinely tested even though they daily move into the prison after community exposure. By contrast, over 70% of prisoners are fully vaccinated. Following the devastating surge of Covid-19 infection sweeping through the prison in November and December almost all prisoners established a level of natural immunity. Testing of Norfolk prisoners in late March revealed zero active infections and was reassuring to the many vulnerable elderly and chronically ill prisoners housed at Norfolk. However, prisoners remained concerned because of the ongoing risk of infection from staff who have direct contact with prisoners in housing units and work places. The DOC also has hurried to bring new prisoners into Norfolk to fill the few empty beds that illness and sentence termination had opened in the prison. Although experts and courts have strongly argued for reducing prison crowding to alleviate infection risk, the Norfolk prisoner population was reduced by only 2% between the onset of the pandemic and the winter surge. Currently prisoners are again being actively transferred from other prisons, including some new commitments from the receiving center at Walpole.

Collateral consequences of renewed infections are borne by all prisoners. Once again all are confined to units (except for deliberate use of prisoner workers). Education and programming is stopped. Yard access is reduced and libraries and gym remain closed. Prisoner interactions are eliminated except with those in ones own unit. Because of the DOC's inability to educate or impose necessary safety measures upon prison staff, prisoner well-being and rehabilitation are once again threatened by this totally predictable failure.

In summary, the DOC continues to make decisions that disregard prisoner physical and mental health. These policies have also obviated any possibility of providing prisoners with the mandated access to education and rehabilitative programming required by Massachusetts laws and violate the mission of the DOC.

[See also prior Norfolk Updates at www.realcostofprisons.org/writing]